



57021

**ECG**

Fax to: (206) 685-7569
or (800) 253-6404

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Affix Patient ID # Here

seqnum04

Complete this form at:

- Baseline when patient is free of antiarrhythmic drugs.
- Baseline hospital discharge for patients who began drug therapy.
- Scheduled half-yearly follow-up visits.

(Retain ECG in patient folder - do NOT send or FAX to CTC)

days04 1 Date of recording:

<table border="1"><tr><td> </td><td> </td></tr></table>			/	<table border="1"><tr><td> </td><td> </td></tr></table>			/	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Month		Day		Year								

reason04 2 Reason for recording:

- | | | | |
|-----------|--|-----------|--|
| 1 | <input type="radio"/> Baseline (drug free) | 2 | <input type="radio"/> Pre-hospital discharge (drug treated patients) |
| 3 | <input type="radio"/> 6 mo | 5 | <input type="radio"/> 1 yr |
| 7 | <input type="radio"/> 1 yr 6 mo | 9 | <input type="radio"/> 2 yr |
| 11 | <input type="radio"/> 2 yr 6 mo | 13 | <input type="radio"/> 3 yr |
| 15 | <input type="radio"/> 3 yr 6 mo | 17 | <input type="radio"/> 4 yr |

3 Rhythm at time of recording:

(check all that apply)

nsr04 Sinus rhythm (normal, tachy, or brady)**paced04** Paced**af04** Atrial fibrillation/flutter**othrhy04** Other:

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4 Heart rate:

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hr04

bpm

OR

average RR

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msec

avgrr04**5 Intervals:**

PR interval

pr04

--	--	--

msec

nopr04 PR not measurable (AF or paced)

QRS duration

qrs04

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msec

QT interval

qt04

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msec

57021

Date of recording:

<input type="text"/>				
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Month Day Year

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Affix Patient ID # Here

6 ECG Abnormalities:**Is patient continuously paced?****cpaced04**

1 Yes -> Skip the remainder of this page

0 No -> Complete the following:

Yes No

qwaves04

1 Presence of abnormal Q waves (or abnormal R waves in V1)

If yes, location:

 Anterior Inferior Lateral Posterior**qan04****qinf04****qlat04****qpost04****block04**

Heart block

typblk04 If yes, specify degree: 1 1st degree 2 2nd degree Mobitz I 3 2nd degree Mobitz II 4 Advanced or high degree 5 3rd degree**Ibbb04**

LBBB - If present, the LBBB is:

Ibbnew04

Old New Unknown

 1 2 3**rbbb04**

RBBB - If present, the RBBB is:

rbbnew04

Old New Unknown

 1 2 3**lafb04**

LAFB Left axis deviation (superiorly directed QRS axis ≥ -30 degrees) and initial small R wave and terminal deep S in II, III, aVF.

lpfb04

LPFB Right axis deviation (inferiorly directed QRS axis $\geq +110$ degrees) and initial small Q wave and tall R in II, III, and aVF in the absence of RBBB, RVH, or lateral myocardial infarction.

ivcd04

IVCD QRS ≥ 100 msec, but if ≥ 120 msec not in any typical BBB pattern.

lvh04

LVH (Local site definition)

For Clinical Trial Center Use Only: rnum04

Signature of person filling out this form

<input type="text"/>	<input type="text"/>	<input type="text"/>
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code number

<input type="text"/>	<input type="text"/>				
CTC Code		Yes No		2 0 4 0 3 0 0	
				ECG page 2 of 2 01/31/95	